

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 582935

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7		①					57						
8		①					58						
9		①					59						
10		①					60						
11		①					61			②			
12		①					62						
13		①					63						
14		①					64						
15		①					65						
16		①					66						
17		①					67						
18		2					68						
19							69						
20							70						
21		①					71						
22		①					72						
23		①					73						
24		①					74						
25							75						
26							76						
27							77						
28							78						
29							79						
30		①					80						
31		①					81						
32	①						82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45		①					95						
46		①					96						
47		①					97						
48		①					98						
49		2					99						
50		①					100						
TOTAL IND.			↓		↓		TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	97	←		←
TOTAL CLAIMS							TOTAL CLAIMS			99			